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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					





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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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XX	FILING	FOREI	IGN LLC			
1.	CARNOUSTIE REAL E		LC_			
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SPECIAL NSTRU(CTIONS:	_	_			

COVER LETTER

DIV	ision of Corporations					
BJECT:	Carnoustie Real Estate LLC					
	Name of Limited Liability Company					
e enclosed istence, ar	d "Application by Foreign Limited L nd check are submitted to register th	Liability Company for Authorization to Transact Business in Florida," Certificate above referenced foreign limited liability company to transact business in Fl				
ase returr	all correspondence concerning this	matter to the following:				
	Adrian Irias					
		Name of Person				
	Garcia-Menocal Irias & Pastor	i LLP				
		Firm/Company				
	368 Minorca Avenue					
		Address				
	Coral Gables, FL 33134					
		City/State and Zip Code				
	adrian@gmilaw.com					
	E-mail addres	ss: (to be used for future annual report notification)				
further in	nformation concerning this matter, p	lease call:				
Adrian Irias		305 400 9652				
	Name of Contact Perso	on Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section				
P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following an use make check payable to: FLORIE \$125.00 Filing Fee \$130.00 F	DA DEPARTMENT OF STATE				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Carnoustie Real Estate LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida, The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 84-3628553 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1441 Brickell Avenue 1441 Brickell Avenue (Street Address of Principal Office) (Mailing Address) Suite 1018 Suite 1018 Miami, FL 33131 Miami, FL 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Adrian Irias Name: 368 Minorca Avenue Office Address: Coral Gables . Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered as in. stered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Ariel Scornik ■Manager □Manager Name: _____ Address: 1441 Brickell Avenue ☐ Member ☐Member Address: Suite 1018 ☐ Authorized ☐ Authorized Miami, FL 33131 Person Person □Other _____ Other____ □Other Other____ □Manager □ Manager Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other Other____ □Other □Other____ □Manager Name: _____ □Manager □Member Address: _ □Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony is provided for in s.817.155, F.S. or an authorized person Adrian Irias

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CARNOUSTIE REAL ESTATE LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARNOUSTIE REAL ESTATE LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204498194

Date: 11-01-23

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